

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/724,734

Filing Date November 28, 2000

First Named Inventor Stephen M. Trimberger

Art Unit 2131

Examiner Name Samson B. Lemma

Attorney Docket Number X-805-8 US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | PTO/SB/08A Substitute for Form 1449A |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Citing Three (3) References |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	XILINX, INC. CUSTOMER NO: 24309		
Signature			
Printed name	Kim Kanzaki		
Date	January 14, 2005	Reg. No.	37,652

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Julie Matthews	Date	January 14, 2005

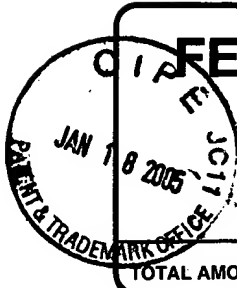
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-02)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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 <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2003</h2> <p style="text-align: center;">*Patent fees are subject to annual revision</p>	Complete if Known	
	Application / Conf. No.	09/724,734 / 7773
	Filing Date	November 28, 2000
	First Named Inventor	Stephen M. Trimberger
	Examiner Name	Samson B. Lemma
	Art Unit	2132
TOTAL AMOUNT OF PAYMENT	(\$ 180.00)	
	Attorney Docket No.	X-805-8 US

<h3 style="text-align: center;">METHOD OF PAYMENT (check one)</h3> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:</p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 24-0040</p> <p>Deposit Account Name: XILINX, INC.</p>	<h3 style="text-align: center;">FEE CALCULATION (continued)</h3> <h4>3. ADDITIONAL FEES</h4> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for exparte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>\$180</td></tr> <tr><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>	Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid	1051	130	Surcharge - late filing fee or oath		1052	50	Surcharge - late provisional filing fee or cover sheet.		1812	2,520	For filing a request for exparte reexamination		1804	920*	Requesting publication of SIR prior to Examiner action		1805	1,840*	Requesting publication of SIR after Examiner action		1251	120	Extension for reply within first month		1252	450	Extension for reply within second month		1253	1020	Extension for reply within third month		1254	1,530	Extension for reply within fourth month		1255	2,080	Extension for reply within fifth month		1401	500	Notice of Appeal		1402	500	Filing a brief in support of an appeal		1403	1000	Request for oral hearing		1451	1,510	Petition to institute a public use proceeding		1452	110	Petition to revive - unavoidable		1453	1,370	Petition to revive - unintentional		1501	1,370	Utility issue fee (or reissue)		1460	130	Petitions to the Commissioner		1807	50	Petitions related to provisional applications		1806	180	Submission of Information Disclosure Stmt	\$180	8021	40	Recording each patent assignment per property (times number of properties)		1809	790	Filing a submission after final rejection (37 CFR 1.129(a))		1810	790	For each additional invention to be examined (37 CFR 1.129(b))		1801	790	Request for Continued Examination (RCE)		Other fee (specify) _____			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Telephone	408-879-6149
		Date	01-14-2005

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